

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

10-10-63

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

147

Primary Registration District No.

1002

Registrar's No.

4569 63 082150

FILED SEP 11 1963

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KANSAS CITY

Length of stay in 1b  
40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN  
Kansas City

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

NEUROLOGICAL HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2625 W. Paseo

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

EDWARD

First

Bradley

Last

4. DATE OF DEATH

Month

Day

Year

8

16

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 1, 1876

9. AGE (last birthday)

87

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Unknown-

11. BIRTHPLACE (City and state or country)

Single

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Paul Robinson, 1224 Stratford Rd.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

few minutes

DUE TO (b)

Pneumonia

few hours

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Brain Syndrome associated with cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/1/60 to 2/16/63 and last saw her alive on 2/15/63  
Death occurred at 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

James W. Vaughn M.D.

22b. ADDRESS

2625 W. Paseo KC Mo

22c. DATE SIGNED

8/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

8-18-63

23c. NAME OF CEMETERY OR CREMATORY

Cremation D. W. Newcomers Sons, Kansas City, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

8-16-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

James W. Vaughn MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1  
2 3418  
3  
4 0  
5 0  
6  
7 0  
8 2  
9 491X  
10  
11  
12 72-0  
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.